Certification under 37 CFR 1.8b

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the U.S. Patent and Trademark Office to Fax No. (703)872-9306 on February 28, 2005.

__Brian W. Hameder__
Name

Signature

DOCKET: CU-2675

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Takayasu KOMATSU et al.   )
)
SERIAL NO: 09/964,189   ) Group Art Unit: 2879
)
FILED: September 26, 2001   ) Examiner: Sikha Roy

TITLE: SHADOW MASK FOR A CATHODE RAY TUBE

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
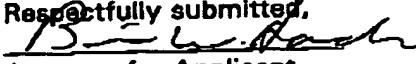Alexandria, VA 22313-1450

REQUEST FOR TWO MONTH EXTENSION

Sir:

With reference to the Office Action dated September 28, 2004, Applicant respectfully requests a two-month extension of the response term, from the present term of December 28, 2004, up to a new term of February 28, 2005. The Commissioner is authorized to charge our Deposit Account No. 12-0400 in the amount of $450 to cover the fee for this two-month extension, or any required fees in excess of the amount submitted, or credit any overpayment.

Respectfully submitted,

__February 28, 2005__
Date

Attorney for Applicant
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224 South Michigan Avenue
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03/07/2005 JHAYES

03/07/2005 JHAY

Dec. 8, 2004

PATENT APPLICATION FEE DETERMINATION RECORD
Effective ~~October 1, 2004~~

Application or Docket Number

09/964189

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE	OR	RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X 25		OR	X 50	
X 100		OR	X 200	
+ 180		OR	+ 360	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A 2-28-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 2	Minus	** 20	=
Independent	* 1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-773 (Rev. 1004)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

RAM Fee History Query
Revenue Accounting and Management

Name/Number: 09964189

Total Records Found: 6

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
10/01/2001	00000149	1	101	$710.00	09/26/2001	CK
10/01/2001	00000150	1	581	$40.00	09/26/2001	CK
09/16/2003	00000114	1	1253	$930.00	09/15/2003	CK
09/07/2004	00000002	1	1801	$770.00	08/25/2004	DA 120400
09/07/2004	00000003	1	1252	$420.00	08/25/2004	DA 120400
03/07/2005	00000001	1	1252	$450.00	02/28/2005	DA 120400